



NORTH CAROLINA OFFICE OF EMERGENCY MEDICAL SERVICES

DIVISION OF FACILITY SERVICES • DEPARTMENT OF HEALTH & HUMAN SERVICES

Course Information Form

Before completing this form, please refer to the "completion instructions" on the reverse side.

This form is not required for EMS System continuing education courses.

Educational Institution: _____
Name _____ Number _____

Lead Instructor: _____
Name _____ Number _____

Assisting Instructor: _____
Name _____ Number _____

Educational Program Director: _____

County Where Taught: _____ Course Location: _____

LEVEL	COURSE TYPE	
	Initial	Refresher
10 MR		
20 EMT		
40 EMT-I		
60 EMT-P		
80 EMD		

Date Course Begins: _____ Didactic Ends: _____

Date Clinical/Internship Begins: _____ Date Clinical/Internship Ends: _____

COURSE SCHEDULE			
<i>Please enter the time class meets each day</i>			
M	to	F	to
T	to	Sat	to
W	to	Sun	to
Th	to		

Is any portion of this course offered through a distance delivery format (such as videotape, Blackboard, etc.)?	Yes	No
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See item #8 in the instructions on the back of this form.

As Educational Program Director, both I and the Educational Medical Advisor or System Medical Director have reviewed and approve the identified instructor(s) and course materials.

Educational Program Director _____
Signature _____ Date _____

COURSE INFORMATION FORM
Completion Instructions

1. Please enter all information clearly and legibly. If you are working from an electronic copy of the *Course Information Form*, you will be able to type into the form and print the form for submission. You cannot, however, save your typed entries.
2. Please print the name of the lead instructor for the course. The lead instructor must be a North Carolina instructor credentialed at the level of the course or higher. For all initial EMT-I and EMT-P courses, the lead instructor must be a North Carolina credentialed Level II instructor.
3. Please list the name and instructor number of the primary assistant instructor, if any.
4. Please print the name of the Educational Program Director, county where the course is being taught and specific location of the course. Clinical and field internship sites should not be listed.
5. Please indicate all levels included in the course. The following example identifies this as an initial EMT-P education course that also contains an EMT-I and an EMT-P refresher course. Three course numbers would be issued for this course.

LEVEL	COURSE TYPE	
	Initial	Refresher
10 MR	<input type="checkbox"/>	<input type="checkbox"/>
20 EMT	<input type="checkbox"/>	<input type="checkbox"/>
40 EMT-I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60 EMT-P	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
80 EMD	<input type="checkbox"/>	

6. Please print the dates that the didactic portion of the course begins and ends, as well as the dates that clinical and field internship begin and end. Often the didactic portion will end prior to completion of the clinical and field internship. If clinical and field internship do not run concurrently, please list the first and last dates that students may participate in clinical or field internship.
7. Please list the times that the class will meet each day of the week. Include only the didactic portion of the course. List both the start and end time for the class each day.
8. If any portion of a course is being delivered via a distance learning format (such as video, webinar, Blackboard, etc.), please attach additional information about the course format and completion requirements, such as attendance, assignments, interaction. For on-line courses, submit a completed On-line Learning Course Readiness Checklist, developed by the North Carolina Community College System. The checklist may be found as an HTML document at <http://www.dladmin.org/blackboard/dlchecklist.html>. The regional OEMS education liaison can provide additional information.
9. Please sign and date the form. The educational medical advisor or EMS System or Specialty Care Transport Program medical director must approve all EMS educational courses. The signature of the Educational Program Director indicates that the responsible physician has approved the plan to deliver the educational program.